

**State:** Delaware

**Demonstration Name:** Diamond State Health Plan

**Description & Status:**

The Diamond State Health Plan (DSHP) Demonstration was initially approved in 1995, and implemented on January 1, 1996. The Demonstration mandatorily enrolls most Medicaid recipients into managed care organizations (MCOs) to create efficiencies in the Medicaid program and enable the expansion of coverage to certain individuals who would otherwise not be eligible for Medicaid. The Demonstration expands Medicaid State plan coverage to uninsured adults below 100 percent of the Federal poverty level (FPL) and family planning services to women who lose Medicaid eligibility or comprehensive DSHP benefits. The Demonstration also provides long-term care services and support (LTSS) to eligible individuals through a mandated managed care delivery system, entitled DSHP-Plus.

Under this Demonstration, Delaware expects to promote the objectives of title XIX by:

- Improving access to health care for the Medicaid population, including increasing options for those who need long-term care (LTC) by expanding access to HCBS;
- Rebalancing Delaware's LTC system in favor of HCBS;
- Promoting early intervention for individuals with, or at-risk, for having, LTC needs;
- Increasing coordination of care and supports;
- Expanding consumer choices;
- Improving the quality of health services, including LTC services, delivered to all Delawareans;
- Creating a payment structure that provides incentives for resources to shift from institutions to community-based LTC services where appropriate;
- Improving coordination and integration of Medicare and Medicaid benefits for full-benefit dual eligibles; and
- Expanding coverage to additional low-income Delawareans.

**Populations:**

Most Temporary Assistance to Needy Families (TANF), TANF-related and State Supplementary Income (SSI) Medicaid recipients are eligible for the DSHP program. DSHP also expands Medicaid eligibility to uninsured Delawareans with incomes up to 100 percent of the Federal poverty level (FPL), and expands program eligibility for family planning and family planning-related services through the Family Planning Expansion Program to women losing Medicaid coverage or comprehensive benefits under DSHP who have family income at or below 200 percent of the FPL. Most individuals who receive benefits from both Medicaid and Medicare (dual eligibles), disabled workers, and most individuals receiving care in institutional or home and community based settings are eligible for DSHP-Plus. The DSHP-Plus program also expands Medicaid coverage of home and community-based services (HCBS) to individuals who are "at-risk" of institutionalization at a nursing facility.

Medicaid eligible individuals not eligible for DSHP or DSHP-Plus include presumptively eligible pregnant women, those receiving care through the breast and cervical cancer treatment program, those receiving care in intermediate care facilities for the mentally retarded (ICF/MR)

or receiving HCBS who meet the ICF/MR level of care requirements, individuals in a hospital for 30 consecutive days, Qualified Medicare Beneficiaries, Specified Low Income Medicare Beneficiaries, Qualifying Individuals, and Qualified and Disabled Working Individuals. Medicaid eligibles not eligible for DSHP or DSHP-Plus remain in the State's fee-for-service Medicaid.

**Approval Date:** May 17, 1995

**Effective Date:** January 1, 1996

**Expiration Date:** December 31, 2013

**Pending Actions:**

There are no pending action.

**DELAWARE**  
**SECTION 1115 DEMONSTRATION**  
**FACT SHEET**

**Program Name:** Diamond State Health Plan (DSHP)

**Initial Application**

Date Submitted: July 29, 1994  
Date Proposal Approved: May 17, 1995  
Date of Implementation: January 1, 1996

**First Renewal**

Date Proposal Submitted: December 29, 1999  
Date Approved: June 29, 2000

**Second Renewal**

Date Proposal Submitted: August 28, 2003  
Date Approved: December 12, 2003

**Third Renewal**

Date Proposal Submitted: August 16, 2006  
Date Approved: December 17, 2006

**Fourth Renewal**

Date Requested: July 2009  
Date Approved: January 31, 2011  
Expiration Date: December 31, 2013

**SUMMARY**

The DSHP Demonstration was initially approved in 1995, and implemented on January 1, 1996. The Demonstration mandatorily enrolls most Medicaid recipients into managed care organizations (MCOs) to create efficiencies in the Medicaid program and enable the expansion of coverage to certain individuals who would otherwise not be eligible for Medicaid. The Demonstration expands Medicaid State plan coverage to uninsured adults below 100 percent of the Federal poverty level (FPL) and family planning services to women who lose Medicaid eligibility or comprehensive DSHP benefits. The Demonstration also provides long-term care services and support (LTSS) to eligible individuals through a mandated managed care delivery system, entitled DSHP-Plus.

**AMENDMENTS**

**Amendment #1:** An amendment was approved to expand the Demonstration to : (1) create the DSHP-Plus Program to provide long-term care services and support to Medicaid State plan and Demonstration-eligible populations through a mandated managed care delivery system; and (2) expand Medicaid coverage of home and

community-based services to individuals who are “at-risk” of institutionalization at a nursing facility, but do not yet meet the level of care requirements for a nursing facility.

Date Amendment #1 Submitted: August 23, 2011

Date Amendment #1 Approved: March 22, 2012

## **ELIGIBILITY**

Most Temporary Assistance to Needy Families (TANF), TANF-related and State Supplementary Income (SSI) Medicaid recipients are eligible for the DSHP program. DSHP also expands Medicaid eligibility to uninsured Delawareans with incomes up to 100 percent of the Federal poverty level (FPL), and expands program eligibility for family planning and family planning-related services through the Family Planning Expansion Program to women losing Medicaid coverage or comprehensive benefits under DSHP who have family income at or below 200 percent of the FPL. Most individuals who receive benefits from both Medicaid and Medicare (dual eligibles), disabled workers, and most individuals receiving care in institutional or home and community based settings are eligible for DSHP-Plus. The DSHP-Plus program also expands Medicaid coverage of home and community-based services (HCBS) to individuals who are “at-risk” of institutionalization at a nursing facility.

Medicaid eligible individuals not eligible for DSHP or DSHP-Plus include presumptively eligible pregnant women, those receiving care through the breast and cervical cancer treatment program, those receiving care in intermediate care facilities for the mentally retarded (ICF/MR) or receiving HCBS who meet the ICF/MR level of care requirements, individuals in a hospital for 30 consecutive days, Qualified Medicare Beneficiaries, Specified Low Income Medicare Beneficiaries, Qualifying Individuals, and Qualified and Disabled Working Individuals. Medicaid eligibles not eligible for DSHP or DSHP-Plus remain in the State’s fee-for-service Medicaid.

## **DELIVERY SYSTEM**

The DSHP and DSHP-Plus programs provide Medicaid State plan benefits and LTSS through a mandatory managed care delivery system with certain services paid for by the State on a fee-for-service basis. The Family Planning Expansion Program provides services on a fee-for-service basis.

## **BENEFITS**

All individuals enrolled in the DSHP and DSHP-Plus programs receive mandatory and optional services as outlined in the Medicaid State plan. DSHP-Plus also provides LTSS to eligible individuals. Women enrolled in the Family Planning Expansion Program receive a limited benefit package of family planning and family planning-related services.

## **QUALITY AND EVALUATION PLAN**

Delaware is currently in the process of revising its quality assurance plan based upon the Quality Assurance Reform Initiative guidelines for Medicaid managed care plans to reflect the creation of the DSHP-Plus program through the 2012 amendment.

The State's evaluation plan focuses on objectives such as:

- Improving access to health care for the Medicaid population, including increasing options for those who need long-term care (LTC) by expanding access to HCBS;
- Rebalancing Delaware's LTC system in favor of HCBS;
- Promoting early intervention for individuals with, or at-risk, for having, LTC needs;
- Increasing coordination of care and supports;
- Expanding consumer choices;
- Improving the quality of health services, including LTC services, delivered to all Delawareans;
- Creating a payment structure that provides incentives for resources to shift from institutions to community-based LTC services where appropriate;
- Improving coordination and integration of Medicare and Medicaid benefits for full-benefit dual eligibles; and
- Expanding coverage to additional low-income Delawareans.

## **COST-SHARING**

Demonstration participants are charged nominal copayments as defined by the Delaware Medicaid State Plan.